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ABSTRACT

The relationship between severe disabilities in children and single parent families was investigated in Bergen County, New Jersey. Results of a survey indicated that the range of single parent families ran from 15% in the retarded population to 66% in the hospitalized emotionally disturbed population. The average percent of single parent families among severely handicapped population was 21% higher than the county average. Record reviews of students pointed out the needs of single parent families and emphasized the extreme difficulty facing parents in taking part in the child's education. Implications for the single parent family include stresses of remarriage and a child assuming the abdicated parent's role. Five suggestions for change are offered for the school's part, including developing alternatives to in-school parent conferences and providing the student opportunities to develop constructive outlets for home frustration. (CL)

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SINGLE PARENT FAMILIES AND THE HANDICAPPED

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BACKGROUND

A variety of questions have been raised concerning the types of support and intervention needed by handicapped youth. Questions come from Board members, from staff, and from parents among others. Questions center upon the following areas:

1. Is the incidence of single parent families higher among the handicapped than among the regular population?
2. Are there differences in the percent of single parent families among the families of children of the different handicapping condition?
3. What implications are there for special educational programs and services?

THE NATION

Nationally, about 19% of the families with children are headed by a single parent.

THE COUNTY

Bergen County is the most populous County in New Jersey. It is located in the northeastern corner of the State, proximate to New York City and has a total population of 845,385. Of this total 6.3% is non-white. 843,067 live inside urbanized areas, and 2,318 live in rural areas. 14.2% of the population is separated, widowed, or divorced.

There are 107,151 families, and 14,791 are single parents. Of this number 2,307 are male head of households. 12,484 are female heads of households. The total percent of single parent families is 13%. This is 6% below the national average.

THE COUNTY'S SPECIAL SERVICES SCHOOL DISTRICT

The Bergen County Special Services School District is a County-wide School District assigned statutory responsibility for educating severely handicapped youth who cannot otherwise be provided a thorough and efficient education at their local or regional level. Various populations of handicapped are served by the District. Included are orthopedically, multiply handicapped, deaf and hard of hearing, emotionally disturbed, autistic, multiply learning handicapped, retarded, and socially maladjusted.

The Special Services School District provides education in a variety of settings ranging from educational and related educational services in a hospital setting to educational and related educational services in a regular classroom setting. Counseling services are provided via teachers, counselors, and related education services personnel including social workers, psychologists, and a consulting psychiatrist among others. Sensitivity to the needs of the handicapped child who is from a single parent family is an unstudied area yet one which has been raised as an area of interest and concern.

RESULTS

Prior to developing an in-service program, a survey has been conducted throughout the school aged population of the Special Services District. The survey was conducted in January of 1982. The raw data follows:

POPULATION	TYPE OF SERVICE SETTING	% of SINGLE PARENT FAMILIES
Orthopedically Multiply Handicapped	Special School	30%
Multiply Learning Handicapped	Special School	38%
Retarded	Special School	15%
Elementary Deaf	Special School/ Resource Room	22%
Secondary Deaf	Departmentalized	16%
Emotionally Disturbed Elementary	Hospitalized	66%
Emotionally Disturbed Secondary	Hospitalized	38%
Emotionally Disturbed	Special School	36%
Emotionally Disturbed	Special School	51%
Autistic/Schizophrenic	Special School	40%
Socially Maladjusted	Special School	44%
Emotionally Disturbed	Departmentalized	50%

The range is from a low of 15% single parent families in the retarded population served to a high of 66% single parent families in the hospitalized emotionally disturbed population. The average percent of single parent families among the handicapped populations served by the district is 34% which is 21% higher than the County-wide average.

RESEARCH METHOD

A record review was conducted of the approximately 750 students of school age served by the Special Services School District of Bergen County. When the records did not contain the necessary information, anecdotal information was pursued, collected, and recorded. Data was recorded with a simple frequency count. Percentages were derived.

ANALYSIS

It is clear that the reported data do not help us to know or to even render a guess regarding the causal relationship between handicapping condition and single parent status. It is, however, a hypothesis which ought to be subjected to further scrutiny.

IMPLICATIONS

Teachers and school administrators who work with the handicapped very much need to be aware of and sensitive to the unique life space into which the single parent handicapped children find themselves. They need to be aware of the extreme difficulty involved in home-school communication, in anticipated parental involvement, and in the demands in the home for the single parent child which make rest, relaxation, recreation, comfort as well as supervision in the home a much more difficult matter. They must also be aware of the in-school ramifications of their life space situation, a situation in which relationships with people and relationships to tasks are confused--most often due to anxiety over separation and loss which often results in behavior unique to the child's personality and developmental stage at the time of separation and loss.

DESCRIPTION OF LIFE SPACE

Separation and loss makes for a disequilibrium that overburdens the family unit. The gap that was left by the exodus of one parent is filled, usually by one of the remaining children in the family. It is usually the oldest child who takes upon this role. If there are 2 children close in age the boy becomes the confidant, chaperone, i.e., substitute father, while the girl assumes the parental duties. On the one hand the child assumes the abdicated parent role, while he or she concurrently fixates on the developmental task in question. There are problems inherent in the role which create multiple stresses on the family structure. The first problem is often related to the child's striving for mastery of normal tasks in an abnormal environment with additional demands and stress. Excessive behavior often results because of exaggerated mistrust, autonomy or shame and doubt, initiative or guilt, industry or inferiority, identity or role confusion among other perceptions.

Another event which stresses the single parent family is related to the prospect of remarriage. Many times the child perceives the occurrence of a remarriage as a threat to his or her status in the family. Symptoms may develop or aggressive behaviors may be displayed in order to drive the stranger out. If she/he is successful it reinforces the exaggerated position in the family and further enmeshes the pathological system.

Another issue that develops in the single parent family centers around the child's perceptions of the absent parent. When a family is disrupted due to a death there is a tendency on the child's part to perceive the dead parent in idealized terms. If absent due to divorce it is more likely that the perception of the vanished parent is a negative one. In either case, the child is deprived of engaging with a live person which is essential in helping him to reality test his perceptions.

Other issues that are important are the need to mourn, to express fantasies, to deal with the anger, loss, etc.

IMPLICATIONS CONTINUED

1. Alternatives to in-school parental conferences need to be developed-- whether they be to offer child care at school, to converse with the parent by telephone, home-school written or taped correspondence, or home visitations during off hours, among others.
2. Alternatives to parental involvement also need to be developed whether they be to encourage involvement via telephone survey, to solicit off hour input or to liaison with other agencies who are in effect parent surrogates, among others.
3. Alternatives to written homework assignments and greater use of experience based activities which will very likely be to include what the child does in the home since very often additional roles and responsibilities are assumed by this child.
4. Opportunities in school must be provided so that the child of the single parent family learns to develop constructive outlets for home frustration. Instructional activities must be carefully structured to encourage expression of feeling. Role playing, discussion, sports, art, music, avocations ought to be correlated to subject matter content. An in-service program should focus on use of such activities.
5. The number one task for someone who works with anyone in the newly separated, single parent child is to help the child/children experience and live through the mourning process. There must be an emphasis on the different meanings of the loss for the various family members. Often there is one who was closest to the now absented parent and who now is in a vulnerable position. Support must be provided to help prevent this child being scapegoated. Family dependence on the child must be decreased psychologically so that, at least, psychologically the single parent resumes the role of the parent and adult. These and other issues are best handled in the context of family treatment. This approach, perhaps coupled with individual treatment for various family members, helps re-right the balance and make the family unit functional again.

Opportunities in school must be provided so that this child understands his/her life space and develops coping skills to deal effectively with stress that interferes with benefitting from education and with altered developmental tasks. Instructional methods must be skillfully used to develop insight and to develop coping skills. Teachers, as counselors, must develop skills so that they can artfully and skillfully use directive strategies when needed, indirective strategies when needed, non-directive strategies when needed and environmental manipulation strategies when needed. At times telling the students what they must do, answering them so that there is only one answer or no choice, and making decisions for the student (DIRECTIVE) is the way to go. At times asking students questions (either literal or inferential) but which require only one answer (INDIRECTIVE) is the way to go. At other times paraphrasing and reflectively interpreting what it appears are saying verbally or nonverbally (NONDIRECTIVE) is the way to go. At still other times careful systematic, and deliberable structuring of meaningful controllable events in the student's life (ENVIRONMENTAL MANIPULATION) is the way to go. This allows student choice but each choice has a constructed consequence which is either desired or clearly not desired and, thus, shapes student behavior. It must be emphasized, however, that such a strategy must only be used when the teacher or administrator can clearly have the needed leverage.

SUMMARY

While working to help re-structure the life space of the child who now has another handicap, those who work with the single parent's child must maintain structure and demands yet must also accommodate to the changed life space of the child. This means that certain responsibilities are changed in the family, but psychological adaptations need to be reviewed carefully and sensitively with the child so that a psychological realignment (one of insight and acceptance) can take place.

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